

CLAIMS ONLY						Application Number		Filing Date		
						Applicant(s)				
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1	/						51	/	/	
2	/						52	/	/	
3	/						53	/	/	
4	/						54	/	/	
5	/						55	/	/	
6	/						56	/	/	
7	/						57	/	/	
8	/						58	/	/	
9	/						59	/	/	
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12	/						62	/	/	
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15	/						65	/	/	
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17	/						67	/	/	
18	/						68	/	/	
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38	/						88			
39	/						89			
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43	/						93			
44	/						94			
45	/						95			
46	/						96			
47	/						97			
48	/						98			
49	/						99			
50	/						100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			